,								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003								10763693					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			ર્ય					RATE	F	EE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 38	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 2			X\$ 9=			OR	X518=	1/
INDEPENDENT CLAIMS			🗲 minus 3 =		-1		•	X43=	+		OR	X86≈	86
MULTIPLE DEPENDENT CLAIM P			RESENT						+				06
- "	the difference	io column 1 ic	less than zero, enter "0" in c			rolumo 2		+145=	╀		OR	+290≈	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	<u></u>		OR	TOTAL	<b>४</b> ण ७
Column 1) (Column 2) (Column 3)								SMALL	ENT	TY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BEA	PRESENT EXTRA		RATE	TIO FI			RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	-	<u> </u>	9		XS 9=	$\Box$		OR	X\$18=	
	Independent	• 4	Minus	***	ч	: Q	ll	X43≈	П		OR	X86=	1
۲	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PEŅĎENT	CLAIM		<b> </b>		†	H		200	1
							Ĺ	+145=		Ш	OR	+290=	
•	14/2	_	•			•	A	TÖTAL IDDIT. FEE			OR	ADDIT. FEE	<u> </u>
(Column 1) (Column 3)  CLAIMS HIGHEST									<u> </u>	`			
AMENOMENT B	,	REMAINING		NUME	ER	PRESENT	H	RATE	AD	_		RATE	ADDI; TIONAL
		AFTER .		PREVIO PAID F		EXTRA	L		FE				FEE
	Total ·	.21	Minus	-25	2	· Q.	H	25.00 X5 9-			OR	X346-8/	
	Incependent	. 4	Minus	4		-0		100.0	Þ	$\neg$	OF	200 O	X
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		<b> </b>		H	$\neg$		-	_
						•	L	+145=			OR	+290%	
•								TOTAL DDIT. FEE	<u> </u>		OR	TOTAL DOIT, FEE	
(Column 1) (Column 2) (Column 3)													
<b></b>	•	CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	Γ		ADI		ſ		ADDI-
	,	AFTER AMENDMENT		PREVIO		EXTRA		RATE	TION			RATE	TIONAL FEE
	Total	•	Minus	\$			Γ	X\$ 9=		7	OR	X\$18=	•
	Independent	•	Minus	erio.	•	2		X43=		_		X86=	
4	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			'	OR		
+145* OR +290= .													
- u	the Highest Nur	no 1 is less than the ober Previously Pai	d For IN THIS	S SPACE is	less than	20, enter "20."		YOTAL DOIT, FEE		$\Box$	OR ,	TOTAL ODIT. PEE	
		mber Previously Paid ber Previously Paid							propria	e box i			